

California Dollars for Scholars®



Walk for Education

COLLECTION ENVELOPE

Chapter / Region Name: _____

Walker Name: _____

Address: _____

City, State, Zip: _____

Phone: (____) _____ e-mail: _____

I would like to designate my funds to (please select one option):

____ California Dollars for Scholars or ____ My Local Dollars for Scholars Chapter

Name and State of Chapter: _____

I, the undersigned, agree to indemnify and hold harmless Scholarship America from cost, expense and liability arising out of my or my child's participation in this event to benefit Scholarship America. I do hereby waive all claims for damage or loss to me or my child's person or property which may be caused by any act or failure to act, by Scholarship America, its officers, agents or employees arising directly or indirectly from my or my child's participation in this event and I hereby assume liability for any loss, damage or any other liability from such event. I consent to the use of any photo, film or videotape of the event for any purpose. Important: Participants under the age of 18 must have this form signed by parent or legal guardian.

Participant Signature: _____

Parent/Guardian's Signature: _____



